

JA

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT

In the matter of  
Cherron Marie Phillips  
*Petitioner*  
v  
United States of America  
*Respondent*

No 1:12-CR-872

**FILED**  
OCT 11 2013  
10-11-13  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

MOTION TO DISMISS

Comes now River Bey as Executor/Grantor to the CHERRON MARIE PHILLIPS TRUST by Inter-Vivos declaration, and the living will of Cherron Marie Phillips having revoked all prior wills and codicils moves this court to dismiss all claims against the CHERRON MARIE PHILLIPS TRUST and state as follows:

1. That on November 8<sup>th</sup>, 2012 a charge was issued against the CHERRON MARIE PHILLIPS TRUST.
2. That the UNITED STATES has mistakenly sought to attach the living body of the Executrix River Bey of the CHERRON MARIE PHILLIPS TRUST as territorial property of the UNITED STATES.
3. That by this notice, I now rescinds any and all signatures and assumed powers of attorney placed on any forms, documents or the like acted upon on or around November 9<sup>th</sup>, 2012.. They were signed while under threat, intimidation and undue influence and may be found in the opportunistic use of a position of dominance thereby making any agreements void.
4. That all unconscionable contracts are subject to rescission under the common law for failure to make the proper disclosure in constituting an acceptance.
5. That the trust has sufficient assets, which were tendered to this court on May 29<sup>th</sup>, 2013 to quiet any claims against it which is an adequate remedy at law. [See attached exhibit A]

6. That I River Bey, am indemnified from any liability acting not in her individual capacity, but solely as Executor for the benefit of the Beneficiaries under the agreement (CMP/Trust indenture). [See attached exhibit B]
7. That as Grantor/Executor I reserve the power of revocation and a life interest with the right of control, disposition and appropriation of the property.
8. That the certificated security is the surety and is liable under the trust indenture. [See attached exhibit C]
9. Any account held in the name of CHERRON MARIE PHILLIPS or any derivative thereof is an asset of the trust. I have attached herein letter of instruction and IRS Form 56 with an fiduciary explanation of the action to be taken regarding such assets, including any hearings, meetings of creditors, sale or other scheduled action. [See attached exhibit D]
10. This motion is based on the attached affidavit of River Bey, all pleadings and papers on file in this proceeding and other matters as may be presented to the court at the time of the hearing.

**Wherefore,** I River Bey moves this court for an order for

- (a) setoff and dismissal of the action against the CHERRON MARIE PHILLIPS Trust/Estate, or in the alternative
- (b) enter a rule to show cause why this cause should not be dismissed,
- (c) a rule to show cause why the home detention monitor should not be removed immediately and
- (d) an accounting for the asset that has already been tendered to this court.

It is hereby ordered

By: 

Executor /Authorized Representative

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT

In the matter of  
Cherron Marie Phillips  
*Petitioner*  
v  
United States of America  
*Respondent*

No 1:12-CR-872

**FILED**  
OCT 11 2013  
THOMAS G. BRUTON  
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AFFIDAVIT IN SUPPORT OF  
MOTION TO DISMISS

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2. That the UNITED STATES has mistakenly sought to attach the living body of the Executrix River Bey of the CHERRON MARIE PHILLIPS Trust as territorial property of the UNITED STATES.
3. By this affidavit I now rescind any and all signatures I placed on any and all forms, documents, contract and the like and assumed powers of attorney acted upon on or around November 9<sup>th</sup>, 2012. They were signed while under threat, intimidation and undue influence and may be found in the opportunistic use of a position of dominance thereby making any agreements void.
4. That all unconscionable contracts are subject to rescission under the common law for failure to make the proper disclosures in constituting an acceptance.
5. That the trust has sufficient assets, which were tendered to this court on May 29<sup>th</sup>, 2013 to quiet any claims/ charges brought against it, which is an adequate remedy at law. [See attached exhibit A]



6. That I River Bey, am indemnified from any liability acting not in her individual capacity, but solely as Executor for the benefit of the Beneficiaries under the agreement (CMP/Trust indenture). [See attached exhibit B]
7. That as Grantor/Executor I reserve the power of revocation and a life interest with the right of control, disposition and appropriation of the property.
8. That the certificated security is the surety and is liable under the trust indenture.  
[See attached exhibit C]
9. Any account held in the name of CHERRON MARIE PHILLIPS or any derivative thereof is an asset of the trust. I have a attached herein letter of instruction and IRS Form 56 with an fiduciary explanation of the action to be taken regarding such assets, including any hearings, meetings of creditors, sale or other scheduled action.  
[See attached exhibit D]
10. This motion is based on the attached affidavit of River Bey, all pleadings and papers on file in this proceeding and other matters as may be presented to the court at the time of the hearing.

Further Affiant sayeth naught

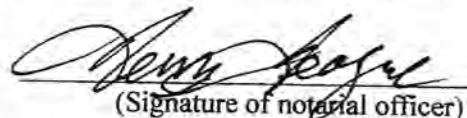


Affiant

#### ACKNOWLEDGMENT

Cook county                                 )  
Illinois state                                 )affirmed and subscribed  
United States of America                 )

Subscribed and sworn to (or affirmed) before me on this 10<sup>th</sup> day of October, 2013  
by River Bey proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

  
(Signature of notarial officer)

Title: \_\_\_\_\_ Notary Public \_\_\_\_\_



Cook county )  
Illinois state )affirmed and subscribed  
United States of America )

United States of America )  
Subscribed and sworn to (or affirmed) before me on this 29<sup>th</sup> day of May, 2013  
by T. Hays proved to me on the basis of satisfactory evidence to  
be the person(s) who appeared before me.



(Signature of notarial officer)

Title: \_\_\_\_\_ Notary Public \_\_\_\_\_  
Printed Name: Terry Tease  
Commission Expires: 10/22/16



Form <b>W-8BEN</b>	<b>Certificate of Foreign Status of Nonresident Alien for United States Tax Withholding</b>	Substitute for OMB No. 1545-1621
Department of the Treasury Internal Revenue Service	▶ Section references are to the Internal Revenue Code ▶ Give this form to the withholding agent or payer. Do NOT send to the IRS.	▶ See separate instructions.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual \_\_\_\_\_ W-9
- A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States \_\_\_\_\_ W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) \_\_\_\_\_ W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) \_\_\_\_\_ W-8ECI or W-8EXP

**Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding and information reporting. \_\_\_\_\_ W-8IMY

• A person acting as an intermediary \_\_\_\_\_ W-8IMY

**Note:** See instructions for additional exceptions.

<b>Part I Identification of Nonresident Alien Claiming non-"U.S. person" status</b>	
<b>1 Name of nonresident alien (non-U.S. person)</b> River-Tali:Bey	<b>2 Country of incorporation or organization</b> NA: Human being
<b>3 Type of nonresident alien:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Individual (public officer)</div> <div style="width: 50%;"><input type="checkbox"/> Corporation</div> <div style="width: 50%;"><input type="checkbox"/> Disregarded entity</div> <div style="width: 50%;"><input type="checkbox"/> Partnership</div> <div style="width: 50%;"><input type="checkbox"/> Simple trust</div> <div style="width: 50%;"><input type="checkbox"/> Grantor trust</div> <div style="width: 50%;"><input type="checkbox"/> Complex trust</div> <div style="width: 50%;"><input type="checkbox"/> Estate</div> <div style="width: 50%;"><input type="checkbox"/> Government</div> <div style="width: 50%;"><input type="checkbox"/> International organization</div> <div style="width: 50%;"><input type="checkbox"/> Central bank of issue</div> <div style="width: 50%;"><input type="checkbox"/> Tax-exempt organization</div> <div style="width: 50%;"><input type="checkbox"/> Private foundation</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Transient foreigner</div> <div style="width: 50%;"><input type="checkbox"/> Union state Citizen</div> </div>	
<b>4 Permanent address (street, apt. or suite no. or rural route)</b> N/A	
City or town, state or province. Include postal code where appropriate.	
Country (do not abbreviate) United States of America	
<b>5 Mailing address (if different from above)</b> P.O. Box 802625	
City or town, state or province. Include postal code where appropriate.	
Chicago Illinois RepublicNon Domestic , DMM 122.32	
<b>6 Identification number (unless not required)</b> NOT REQUIRED. See W-8BEN Inst. p. 1,2,4,5 (Cat. 25576H); W-8 Supp. Inst. p. 1,2,6 (Cat. 26698G) Pub. 515 Inst. p. 7; Form 1042-s Inst. p. 1,14; 31 CFR 306.10; 31 CFR 103.34(a)(3)(x)	
<b>7 Foreign tax ID no., if any</b>	
<b>8 Reference number(s)</b> Status claimed at 26 CFR 1.871-1(b)(1)(i)-nonresident alien who at no time during the year engaged in a "trade or business" in the U.S.	

<b>Part II Claim of Tax Treaty Benefits (if applicable)</b>	
<b>9 I certify that (check all that apply):</b> <ul style="list-style-type: none"> <li>a <input type="checkbox"/> The nonresident alien is a resident of _____ within the meaning of an income tax treaty between the U.S. and that country</li> <li>b <input type="checkbox"/> If required, the identification number is stated on line 6 (see instructions).</li> <li>c <input type="checkbox"/> The nonresident alien is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).</li> <li>d <input type="checkbox"/> The nonresident alien is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).</li> <li>e <input type="checkbox"/> The nonresident alien is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.</li> </ul>	
<b>10 Special rates and conditions</b> (if applicable--see instructions): The nonresident alien is claiming the provisions of Article _____ of the treaty identified on line 9a above to claim a _____ % rate of withholding on (specify type of income): _____ Explain the reasons the nonresident alien meets the terms of the treaty article: _____	

<b>Part III Notional Principal Contracts</b>	
<b>11</b> <input type="checkbox"/> I have provided or will provide a statement that identifies those notional principal contracts which the income is not effectively connected with the conduct of a trade or business in the United States	

<b>Part IV Certification</b>	
Under penalties of perjury from without the "United States" in accordance with 28 U.S.C. 1746(1), I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete when litigated only in a state court with a jury trial. I further certify under penalties of perjury that: <ul style="list-style-type: none"> <li>• I am the nonresident alien (or am authorized to sign for the nonresident alien) of all the transactions to which this form relates</li> <li>• The nonresident alien is NOT a U.S. person and is not liable for withholding or paying income taxes or filing returns under 26 U.S.C. or 26 C.F.R.</li> <li>• The income to which this form relates is not effectively connected with the conduct of a "trade or business" within the "United States" and is not subject to tax under an income tax law or treaty, and</li> <li>• For broker transactions or broker transaction, the nonresident alien is a "foreign estate" as defined in 26 U.S.C. 7701(a)(31)</li> </ul> The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to es non-U.S. person and, if applicable, obtain a reduced rate of withholding.	

<b>Sign Here</b>	_____ (Signature of nonresident alien (or person authorized to sign for nonresident alien))	11 September 2010 Date (MM-DD-YYYY)	Exhibit B
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AFFIDAVIT OF PROPERTY IN TRUST & Description

Affiant Cherron Phillips being of sound mind and competent to make this affidavit with personal knowledge of the information and facts contained herein, in attesting to said facts in his authorized capacity,

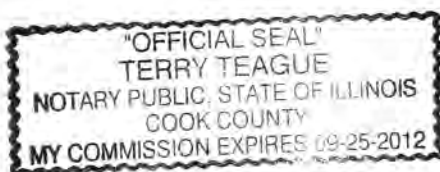
1. That on September 11, 2010, Cherron Marie Phillips did transfer and assign to the CHERRON MARIE PHILLIPS TRUST/ESTATE, one share of stock# 895488 in the State of Illinois, a United States Corporation.
2. This asset is also known as Certificate of Live Birth, a hospital birth record #112-70-634517. (See herein attached copy and also see attached Schedule A)
3. This **Certificated Security** serves as Surety and is held for the account of CHERRON MARIE PHILLIPS and any derivative thereof.
4. The county is the depository institution which has taken title to the "funds".
5. This asset is sufficient to setoff any obligation made against the CHERRON MARIE PHILLIPS TRUST/ESTATE and or property for the account Cherron Marie Phillips and or any beneficiary of said trust/estate.
6. That the surety is liable under the trust indenture.
7. Any taxes liabilities derived from the use of trust property are to be setoff against the estate.
8. That on September 11, 2010, Cherron Marie Phillips did transfer and assign to the CHERRON MARIE PHILLIPS TRUST/ESTATE the name/title CHERRON MARIE PHILLIPS; CHERRON M. PHILLIPS; PHILLIPS, CHERRON MARIE and or any derivative thereof.

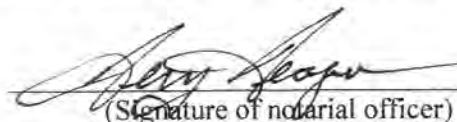
  
Affiant

ACKNOWLEDGEMENT

Cook county )  
Illinois state ) affirmed and subscribed  
United States of America )

Subscribed and sworn to (or affirmed) before me on this 11th day of September 2010  
by Cherron Marie Phillips proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.



  
(Signature of notarial officer)

Title: \_\_\_\_\_ Notary Public

Printed Name: Terry Teague

Exhibit  
C



SCHEDULE A

<u>Document</u>	<u>Date</u>	<u>Serial Number</u>
Stock Certificate	091110	895488
Payment Bond	110812	1,500,000.00 V1-V6
Payment Bond	110812	2,000,000.00 V7-V12
UCC1 FS	051613	18259982FS
Affidavit of Service	052913	FedEx# 801796343818
UCC3AM		18259982AM

## CERTIFICATION OF VITAL RECORD

## STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		CHILD'S BIRTH NUMBER	
REGISTERED NUMBER		CERTIFICATE OF LIVE BIRTH		112- 70-634517	
CHILD—NAME FIRST MIDDLE LAST		DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR	
1. CHERRON MARIE PHILLIPS		2a. July 7, 1970		2b. 2:02 P.M.	
SEX 1. Female		THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.	
CITY, TOWN, TWP. OR ROAD DISTRICT NO. 5b. CHICAGO		INSIDE CITY (YES/NO) 5c. Yes		HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d.	
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 6a. Betty Jean Flowers		AGE (AT TIME OF THIS BIRTH) 6b. 17		BIRTHPLACE (STATE OR FOREIGN COUNTRY) 6c. Mississippi	
RESIDENCE STATE 7a. Illinois		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 7c. Chicago		STREET AND NUMBER 7e.	
MOTHER'S COMPLETE MAILING ADDRESS 7f.		CITY OR TOWN		STATE ZIP	
FATHER—NAME FIRST MIDDLE LAST 8a. Wayne Phillips		AGE (AT TIME OF THIS BIRTH) 8b. 20		BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8c. Illinois	
INFORMANT'S SIGNATURE 9a. Betty Jean Phillips		DATE SIGNED (MONTH, DAY, YEAR) 10b. July 8, 1970		RELATION TO CHILD 9b. Mother	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		ILLINOIS LICENSE NUMBER 10d. T-3765		ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) 10c. M. D.	
SIGNATURE 10a. Shah K. Shantilal		CITY OR TOWN 10e. Chicago		STATE ZIP 10f. Illinois	
CERTIFIER'S COMPLETE MAILING ADDRESS 10g.		CITY OR TOWN		STATE ZIP	
LOCAL REGISTRAR'S SIGNATURE 11a. Murray C. Brown, M. D.		DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 11b. July 13, 1970			

895488

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

FEB 24 2010

Damon T. Arnold, M.D., M.P.H.

DAMON T. ARNOLD, M.D., M.P.H.  
STATE REGISTRAR



13011088-5

# United States of America



## DEPARTMENT OF STATE

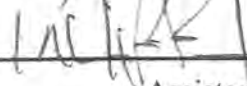
*To all to whom these presents shall come, Greetings:*

I Certify That the document hereunto annexed is under the Seal of the State(s) of Illinois, and that such Seal(s) is/are entitled to full faith and credit.\*

*\*For the contents of the annexed document, the Department assumes no responsibility  
This certificate is not valid if it is removed or altered in any way whatsoever*

In testimony whereof, I, Hillary Rodham Clinton, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this twenty-first day of December, 2012.

*Issued pursuant to CHXIV, State of  
Sept. 15, 1789, 1 Stat. 68-69; 22  
USC 2657; 22USC 2651a; 5 USC  
301; 28 USC 1733 et. seq.; 8 USC  
1443(f); RULE 44 Federal Rules of  
Civil Procedure.*

  
\_\_\_\_\_  
Secretary of State  
By   
\_\_\_\_\_  
Assistant Authentication Officer,  
Department of State

UNITED STATES OF AMERICA) ) SS  
STATE OF ILLINOIS )

I, JESSE WHITE, Secretary of State of the State of Illinois, certify that

DAMON T. ARNOLD

IN TESTIMONY WHEREOF, I hereto set my  
hand and cause to be affixed the  
Great Seal of the State of Illinois.  
Done at the City of Chicago,  
DECEMBER 10, 2012.

Jesse White

Secretary of State





IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS

In the Matter of

Cherron Marie Phillips

*Plaintiff*

v.

United States of America

*Defendant*

)  
) No. 12-cr-872;  
)  
)  
)  
)

LETTER OF INSTRUCTIONS<sup>1</sup>

1. I, River Bey hereinafter Executor for CHERRON MARIE PHILLIPS Trust, regarding any and all matters relating to Case/Account No. 12-cr-872 any and all bonds, warrants, securities, hypothecations and related instruments, hereinafter Accounts, nunc pro tunc to birthdates 7/7/1970 respectively, prior to the placement of ink foot prints on birth documents, and state the following:
2. The Executor for the trust has tendered an asset from the trust to offset the liability in case/account 12-cr-872. The trustee is to take the asset tendered to cover the liability and submit to the county treasurer settlement and closure. The county treasurer is responsible for the amount of all payments from the treasury stating particularly to whom, on what account and at what time paid out; also the amount of money, county orders, jury certificates, auditors warrants and other funds in hand.
3. Per the duties of the Treasurer and as Grantor, I hereby appoint said TRUSTEES, to apply proceeds from Letters of Credit to all presentments, formal charges, true bills, indictments and related instruments to date of inception and release grantor from any and all forms of bondage caused by such warrants, securities, hypothecations and related instruments within seven (7) days of this appointment TRUSTEE. [See attached Form 56]
4. This fiduciary appointment is effective immediately and will continue through the term of the Note and/or Bond. Please complete Form W-9 annexed hereto, and return the completed Form W9 to the undersigned Notary no later than three (3) business days from this postmark to facilitate such reporting.

<sup>1</sup> See Instructions for Form 56 at **Part V—Court and Administrative Proceedings**  
**Assignment for the benefit of creditors.** You must attach the following information:

1. A brief description of the assets that were assigned, and
2. An explanation of the action to be taken regarding such assets, including any hearings, meetings of creditors, sale, or other scheduled action.

Exhibit  
D

5. Please release all bonds and sureties, notify all sureties of the release, and squash all process, orders and warrants adverse in light of payment and closure of the case. Initiate the necessary process to immediately release and relieve all distress adverse to the juristic CHERRON MARIE PHILLIPS, CHERRON M. PHILLIPS; PHILLIPS, CHERRON MARIE and Secured Party interest and freedom.
6. Grantor state that any and all appointments to TRUSTEESHIP are on a limited basis to said actions. To when and where they are named for such action they will continue as TRUSTEES until such time of the settlement of such transaction by the Cook County Treasurer and all discharges and extinguishments are met, they are then released of said duty or until such time that their trustee services require them to be called upon again.

*It is hereby ordered*  
By: *[Signature]*  
Grantor

ACKNOWLEDGEMENT

Cook county )  
Illinois state )affirmed and subscribed  
United States of America )

Subscribed and sworn to (or affirmed) before me on this 10th day of October 2013  
by River Bey proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



*[Signature]*  
(Signature of notarial officer)

Title: \_\_\_\_\_ Notary Public

Printed Name: Terry Teague

Attached Exhibits

- (a) Form 56
- (b) W9



Form **W-9**  
(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional) CHERRON MARIE PHILLIPS
	City, state, and ZIP code	C/o PO Box 802625
List account number(s) here (optional) Case/ Account Number: 12CR872		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
<b>Employer identification number</b>									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Form **56**  
(Rev. December 2007)  
Department of the Treasury  
Internal Revenue Service

## Notice Concerning Fiduciary Relationship

OMB No. 1545-0013

(Internal Revenue Code sections 6036 and 6903)

### Part I Identification

Name of person for whom you are acting (as shown on the tax return)	Identifying number	Decedent's social security no.
<b>CHERRON MARIE PHILLIPS</b>	<b>320762707</b>	
Address of person for whom you are acting (number, street, and room or suite no.)		
<b>433 WEST HARRISON USMOI</b>		
City or town, state, and ZIP code (If a foreign address, see instructions.)		
<b>CHICAGO ILLINOIS 60699</b>		
Fiduciary's name		
<b>Stephen Wigginton d/b/a STEPHEN WIGGINTON UNITED STATES DISTRICT ATTORNEY SOUTHERN DISTRICT</b>		
Address of fiduciary (number, street, and room or suite no.)		
<b>9 EXECUTIVE DRIVE</b>		
City or town, state, and ZIP code	Telephone number (optional)	
<b>FAIRVIEW HEIGHTS IL 62208</b>	( )	

### Part II Authority

- 1 Authority for fiduciary relationship. Check applicable box:
- a(1) ☒ Will and codicils or court order appointing fiduciary . . . . . (2) Date of death . . . . .
- b(1) ☒ Court order appointing fiduciary . . . . . (2) Date (see instructions) . . . . .
- c ☒ Valid trust instrument and amendments
- d ☒ Other. Describe **► All commercial matters directed to the fiduciary for closure and discharge of case 12CR872**

### Part III Nature of Liability and Tax Notices

- 2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) **► All**
- 3 Federal tax form number (706, 1040, 1041, 1120, etc.) **► 1099, 1040, 1040nr and all other tax forms**
- 4 Year(s) or period(s) (if estate tax, date of death) **► From DOB to present**
- 5 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **all** items described on lines 2, 3, and 4, check here **►** ☐
- 6 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **some** (but not all) of the items described on lines 2, 3, and 4, check here **►** ☐ and list the applicable federal tax form number and the year(s) or period(s) applicable **Grantor has attached instructions for the Fiduciary to make settlement with the county treasurer Apply proceeds from Letters of Credit to all presentments, formal charges, true bills, warrants for case account 12CR872**

### Part IV Revocation or Termination of Notice

#### Section A—Total Revocation or Termination

- 7 Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship **►** ☐
- Reason for termination of fiduciary relationship. Check applicable box:
- a ☐ Court order revoking fiduciary authority
- b ☐ Certificate of dissolution or termination of a business entity
- c ☒ Other. Describe **► Cherron Marie Phillips has no known fiduciaries agreement in "this state" or in the United States**

#### Section B—Partial Revocation

- 8a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship **►** ☐
- b Specify to whom granted, date, and address, including ZIP code.
- 

#### Section C—Substitute Fiduciary

- 9 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies) **►** ☐
- Maria Pappas Cook County Treasurer 118 N. Clark Street Room 112 Chicago IL 60602**



**Part V Court and Administrative Proceedings**

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency) <b>United States District Court Northern District</b>		Date proceeding initiated <b>November 8th, 2012</b>	
Address of court <b>219 South Dearborn</b>		Docket number of proceeding <b>12CR872</b>	
City or town, state, and ZIP code <b>Chicago IL 60604</b>	Date <b>10/16/2013</b>	Time <b>10:00</b>	a.m. p.m. <b>Dist Court NDIL</b>

**Part VI Signature** By: *[Signature]* **Authorized Representative**

<b>Please Sign Here</b>	I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.		
	Fiduciary's signature	Title, if applicable	Date

Form **56**  
(Rev. December 2007)  
Department of the Treasury  
Internal Revenue Service

# Notice Concerning Fiduciary Relationship

OMB No. 1545-0013

(Internal Revenue Code sections 6036 and 6903)

## Part I Identification

Name of person for whom you are acting (as shown on the tax return) <b>CHERRON MARIE PHILLIPS</b>	Identifying number <b>320762707</b>	Decedent's social security no. : : :
Address of person for whom you are acting (number, street, and room or suite no.) <b>433 WEST HARRISON USMOI</b>		
City or town, state, and ZIP code (If a foreign address, see instructions.) <b>CHICAGO ILLINOIS 60699</b>		
Fiduciary's name <b>Nathan D Stump d/b/a NATHAN D STUMP ASSISTANT UNITED STATES ATTORNEY SOUTHERN DISTRICT</b>		
Address of fiduciary (number, street, and room or suite no.) <b>9 EXECUTIVE DRIVE</b>		
City or town, state, and ZIP code <b>FAIRVIEW HEIGHTS IL 62208</b>	Telephone number (optional) ( )	

## Part II Authority

- 1 Authority for fiduciary relationship. Check applicable box:
- a(1) ☒ Will and codicils or court order appointing fiduciary . . . . . (2) Date of death . . . . .
- b(1) ☒ Court order appointing fiduciary . . . . . (2) Date (see instructions) . . . . .
- c ☒ Valid trust instrument and amendments
- d ☒ Other. Describe **► All commercial matters directed to the fiduciary for closure and discharge of case 12CR872**

## Part III Nature of Liability and Tax Notices

- 2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) **► All**
- 3 Federal tax form number (706, 1040, 1041, 1120, etc.) **► 1099, 1040, 1040nr and all other tax forms**
- 4 Year(s) or period(s) (if estate tax, date of death) **► From DOB to present**
- 5 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **all** items described on lines 2, 3, and 4, check here . . . . . ☒
- 6 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **some** (but not all) of the items described on lines 2, 3, and 4, check here ☐ and list the applicable federal tax form number and the year(s) or period(s) applicable **Grantor has attached instructions for the Fiduciary to make settlement with the county treasurer Apply proceeds from Letters of Credit to all presentments, formal charges, true bills, warrants for case account 12CR872**

## Part IV Revocation or Termination of Notice

### Section A—Total Revocation or Termination

- 7 Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship . . . . . ☒
- Reason for termination of fiduciary relationship. Check applicable box:
- a ☐ Court order revoking fiduciary authority
- b ☐ Certificate of dissolution or termination of a business entity
- c ☒ Other. Describe **► Cherron Marie Phillips has no known fiduciaries agreement in "this state" or in the United States**

### Section B—Partial Revocation

- 8a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship . . . . . ☐
- b Specify to whom granted, date, and address, including ZIP code.  
►

### Section C—Substitute Fiduciary

- 9 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies) . . . . . ☒
- **Maria Pappas Cook County Treasurer 118 N. Clark Street Room 112 Chicago IL 60602**


**Part V Court and Administrative Proceedings**

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency) <b>United States District Court Northern District</b>		Date proceeding initiated <b>November 8th, 2012</b>	
Address of court <b>219 South Dearborn</b>		Docket number of proceeding <b>12CR872</b>	
City or town, state, and ZIP code <b>Chicago IL 60604</b>	Date <b>10/16/2013</b>	Time <b>10:00</b>	a.m. p.m. <b>Dist Court NDIL</b>

**Part VI Signature** By: *[Signature]* Authorized Representative

I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.

**Please  
Sign  
Here**

	Fiduciary's signature	Title, if applicable	Date
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Form **56**  
(Rev. December 2007)  
Department of the Treasury  
Internal Revenue Service

## Notice Concerning Fiduciary Relationship

OMB No. 1545-0013

(Internal Revenue Code sections 6036 and 6903)

### Part I Identification

Name of person for whom you are acting (as shown on the tax return) <b>CHERRON MARIE PHILLIPS</b>	Identifying number <b>320762707</b>	Decedent's social security no. : : :
Address of person for whom you are acting (number, street, and room or suite no.) <b>433 WEST HARRISON</b>		
City or town, state, and ZIP code (If a foreign address, see instructions.) <b>CHICAGO ILLINOIS 60699</b>		
Fiduciary's name <b>Thomas G. Bruton d/b/a THOMAS G. BRUTON CLERK OF COURT</b>		
Address of fiduciary (number, street, and room or suite no.) <b>219 SOUTH DEARBORN</b>		
City or town, state, and ZIP code <b>CHICAGO IL 60604</b>	Telephone number (optional) ( )	

### Part II Authority

- 1 Authority for fiduciary relationship. Check applicable box:
- a(1) ☒ Will and codicils or court order appointing fiduciary . . . . . (2) Date of death .....
- b(1) ☒ Court order appointing fiduciary . . . . . (2) Date (see instructions) .....
- c ☒ Valid trust instrument and amendments
- d ☒ Other. Describe **► All commercial matters directed to the fiduciary for closure and discharge of case 12CR872**

### Part III Nature of Liability and Tax Notices

- 2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) ► .....
- 3 Federal tax form number (706, 1040, 1041, 1120, etc.) ► .....
- 4 Year(s) or period(s) (if estate tax, date of death) ► .....
- 5 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **all** items described on lines 2, 3, and 4, check here . . . . . ☒
- 6 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **some** (but not all) of the items described on lines 2, 3, and 4, check here ☐ and list the applicable federal tax form number and the year(s) or period(s) applicable **Grantor has attached instructions for the Fiduciary to make settlement with the county treasurer Apply proceeds form Letters of Credit to all presentments, formal charges, true bills, warrants for case account 12CXR872**

### Part IV Revocation or Termination of Notice

#### Section A—Total Revocation or Termination

- 7 Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship . . . ☒
- Reason for termination of fiduciary relationship. Check applicable box:
- a ☐ Court order revoking fiduciary authority
- b ☐ Certificate of dissolution or termination of a business entity
- c ☒ Other. Describe **► Cherron Marie Phillips has no known fiduciary agreement in "this state" or in the United States**

#### Section B—Partial Revocation

- 8a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship . . . . . ☐
- b Specify to whom granted, date, and address, including ZIP code.  
► .....

#### Section C—Substitute Fiduciary

- 9 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies) . . . . . ☒
- **Maria Pappas Cook County Treasurer 118 N. Clark Street Room 112 Chicago IL 60602**

Form 56 (Rev. 12-2007)

Page **2****Part V Court and Administrative Proceedings**

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency) <b>United States District Court Northern District</b>		Date proceeding initiated <b>November 8th, 2012</b>	
Address of court <b>219 South Dearborn</b>		Docket number of proceeding <b>12CR872</b>	
City or town, state, and ZIP code <b>Chicago IL 60604</b>	Date <b>10/16/2013</b>	Time <b>10:00</b>	a.m. p.m. Place of other proceedings <b>Dist Court NDIL</b>

**Part VI Signature** By: *[Signature]* Authorized Representative

<b>Please Sign Here</b>	I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.		
	Fiduciary's signature	Title, if applicable	Date

Form **56** (Rev. 12-2007)



### AFFIDAVIT OF SERVICE

Cook county )  
Illinois state ) affirmed and subscribed  
United States of America )

It is hereby affirmed and certified that on the date noted below, the undersigned mailed to:

United States District Court ND  
219 S Dearborn Room 2064  
Chicago IL 60604

U.S. District Attorney Stephen Wigginton  
c/o Nathan D. Stump  
9 Executive Drive  
Fairview Heights IL 62208

Fed Ex 8015 3576 2037  
Certificate of Mailing

Hereinafter "Recipient(s) the documents and sundry paper regarding United States v. Cherron Marie Phillips Case/Account # 12CR872 as follows:

1. Notice of Motion
2. Motion to Dismiss/Affidavits/ Exhibits
3. Letter of Instruction /W9
4. IRS Form 56
5. W8 Ben

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on October 10th, 2013

T. Hoyer  
Affiant

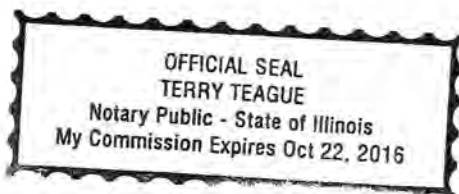
T. Hoyer  
c/o 9449 S Kedzie  
Evergreen Park Illinois 60805

### ACKNOWLEDGMENT

Cook county )  
Illinois state ) affirmed and subscribed  
United States of America )

Subscribed and sworn to (or affirmed) before me on this 10th day of October 2013  
by T. Hoyer proved to me on the basis of satisfactory evidence to  
be the person(s) who appeared before me.

Terry Teague  
(Signature of notarial officer)



Title: \_\_\_\_\_ Notary Public

Printed Name: TERRY TEAGUE